

IHS  
Alaska Area Director  
Final FY 2005 Performance Report

|   | Self-Assessment Rating Scale  |    |    |   |  |
|---|---|----|----|---|--|
|   | <i>E-Exceptional</i><br><i>FS-Fully Satisfactory</i><br><i>MS-Minimally Successful</i><br><i>U-Unsatisfactory</i> |    |    |   |  |
| <b>EXECUTIVE'S NAME:</b><br>Christopher Mandregan, Jr.  | E   | FS | MS | U | <b>POSITION TITLE:</b><br>Director, Alaska Area Indian Health Service  |
| <b>A. Program Outcomes:</b>   |   |    |    |   | <b>Outcomes/Results:</b>   |
| <b>A. PREVENTION</b>  |   |    |    |   |  |
| 1. Build infrastructure and capacity to support implementation and evaluation of the Director's HPDP initiative by the end of FY05.   | X   |    |    |   | The Alaska Area IHS has negotiated an agreement with Alaska Native Tribal Health Consortium (ANTHC) to provide HPDP services in Alaska. Alaska Area IHS collaborates with the ANTHC HPDP coordinator on program objectives and Alaska Office support. FY05 funds to support the HPDP coordinator will be transferred to ANTHC's Title V funding agreement (FA) to support HPDP activities. The Alaska Area works with the ANTHC HPDP coordinator to use HPDP Reserve funds to increase the number of communities with local wellness plans and community health assessments. National Suicide Prevention Network (NSPN) funds are also being transferred to ANTHC, to execute an already agreed-upon statement of work for Training of a Facilitator (TOF). This training will provide the skills needed to facilitate Youth Leadership/Suicide Prevention and/or Community Mobilization/Prevention for communities throughout Alaska. |
| 2. Apply earmarked dollars to fund cooperative agreements among AI/AN communities to build IP programs by the end of FY05.  | X   |    |    |   | The Alaska Area has an interagency agreement with the National Institute of Occupational Safety and Health to support the Alaska Trauma Registry and the Alaska Marine Safety Education Association. Another interagency agreement is in place to pilot test an injury surveillance system. The Alaska Area distributes other earmarked injury prevention dollars through P.L. 93-638 Title V funding agreements with 22 tribes and tribal organizations.  |
| <b>B. QUALITY HEALTH CARE</b>   |   |    |    |   |  |
| 3. Maintain 100% accreditation of hospitals and clinics in FY05.  | X   |    |    |   | Three (3) tribally managed hospitals in Alaska are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Four (4) tribally operated rural hospitals are accredited as JCAHO "Critical Access Hospitals". One Alaska tribal clinic is accredited by JCAHO and two Alaska tribal clinics are accredited by the Accreditation Association for Ambulatory Healthcare (AAAHC).   |
| 4. Develop the EHR in FY04 to enable clinical practitioners to make safer more informed decisions and diagnoses. Deploy EHR in 20 facilities by Q4 FY05.                          | X   |    |    |   | The Maniilaq Health Center in Kotzebue and the Chief Andrew Isaac Health Center in Fairbanks have deployed the Electronic Health Record (EHR). The SEARHC Medical and Dental Clinic in Juneau and the Alutiiq Health Center in Kodiak will implement the EHR in FY 2006.   |
| 5. Develop and deploy an interim behavioral health management information system software (GUI) to improve technology access, data trending and research capabilities by Q2 FY04. | X   |    |    |   | The interim behavioral health management information system software (GUI) is being tested for small sites where it is not practical to use the EHR. Several facilities are using the interim software until the deployment of the EHR, and entering data from the interim system into RPMS.   |
| 6. Develop and deploy the integrated behavioral health component of the EHR in FY05.  | X   |    |    |   | The Chief Andrew Isaac Health Center in Fairbanks has deployed the behavioral health component of the EHR. The Maniilaq Health Center is deploying the EHR one-component-at-a-time, and expects to be using the behavioral health component in late FY 2005 or early FY 2006.  |

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|   |   |           |           |  |
| <b>7.</b> Complete deployment of a standardized medication-error reporting system in Q4 FY04 as part of a comprehensive patient safety program. Develop a plan by the end of FY05 for deployment of a medical-error reporting system as part of a comprehensive patient safety program: |   |           |           | This indicator was not cascaded to A-D contract for 2005. All Alaska Area hospitals and clinics are tribally operated pursuant to PL 93-638, as amended.   |
| <b>C. DECREASING DISPARITIES</b>  |   |           |           |  |
| <b>8.</b> Develop the national suicide surveillance system for AI/AN by end of FY04 and deploy system by end of FY05. This drives programming and longer-term reduction of suicide.   | <b>X</b>  |           |           | The Maniilaq Association in Kotzebue has used a SAMSHA funded suicide surveillance system for several years. It is designed as a proto-type for use by other Alaska tribes. Additionally, the Area is using NSPN funding to provide Alaskan communities Youth Suicide Prevention training; suicide prevention basic train-the-trainer techniques; Community Mobilization/Prevention training focusing on healing; strategic planning for suicide prevention at the community level; Crisis Incident Stress Management training; and skills in debriefing and defusing. Training will target Alaska Native community members, community behavioral health representatives and I/T/U health professionals.   |
| <b>9.</b> Develop strategies and tools to increase the capacity in AI/AN communities to increase the quality of care for chronic disease (e.g., diabetes, obesity, heart disease) regarding long-term care management, case management, and treatment management during FY05.           | <b>X</b>  |           |           | New P.L. 93-638 Title V funding agreement language, with national implications, was first negotiated under the FY 2005 Alaska Tribal Health Compact. The new language enables a tribe to operate or pay for the services of a nursing home under its funding agreement with the IHS. Five Tribal health organizations have launched competitive diabetes grant programs with new initiatives on preventing cardiovascular disease and diabetes.  |
| <b>10.</b> Design an injury data system in FY04 to track IP activities and projects in order to identify impact and results of activities and projects in AI/AN communities. Begin to implement system in FY05.   | <b>X</b>  |           |           | The Alaska Native Tribal Health Consortium Injury Prevention Program has responsibility for the design and implementation of the injury data system in the Alaska Area. The Alaska Area has an intra-agency agreement with NIOSH to pilot test an occupational injury reporting system.  |
| <b>D. PARTNERSHIPS</b>  |   |           |           |  |
| <b>11.</b> Increase the number of HQ partnerships, alliances, and collaborations by 10% above FY03 in areas of disease prevention, health disparities, and health infrastructure by end of FY05.  | <b>X</b>  |           |           | Tri-party agreements have been executed between the Denali Commission (DC), tribal health organizations, and the Alaska Area IHS in support of DC funding of the design of new hospitals in Nome and Barrow. Coordination also routinely occurs with DC to promote construction of rural health clinics in Alaska through provision of IHS Tribal Equipment funds for the DC-required cost share match. We coordinated the Dept. of Transportation funding for design of a new parking structure at the Alaska Native Medical Center. For FY 2005 the Alaska Sanitation Facilities Construction Program has initiated partnerships with EPA, Dept. of Transportation, State of Alaska, and Dept. of AG Rural Development resulting in contributions of \$92,547,185, a 13% increase over FY 2003 (\$80,584,000). |
| <b>12.</b> Establish baselines for partnership, alliances and collaborations for each Area by the end of FY04 and increase by 10% by the end of FY05.   | <b>X</b>  |           |           | The Alaska Area has increased the number of partnerships, alliances and collaborations from four (4) in FY 2004 to eleven (11) in FY 2005.   |
| <b>E. BUSINESS PRACTICE AND INFRASTRUCTURE</b>  |   |           |           |  |
| <b>13.</b> Validate all HQ and Area office location emergency management plans by end of FY04. Develop and implement hospital and clinic emergency management plans by end of FY05.   |   |           |           | This was not cascaded to the Alaska Area Director's performance for FY 2005 because all hospitals and clinics are tribally operated pursuant to PL 93-638, as amended. The Area Office Emergency Management plans were written and validated by the end of FY 2004. Tribal organizations are active in development and implementation of emergency management plans, in collaboration with each other and the State of Alaska.   |

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| <b>14.</b> Exceed FY03 third party collections through collaboration with CMS.  | <b>X</b>  |           |           |          | In accordance with the terms of the CMS/IHS mutual operating agreement, the Alaska Area Office maintains a list of facilities that are eligible for 100% federal medical assistance percentage (FMAP). During FY 2005 pre-negotiations, the Alaska Area continued to collaborate with Alaska Tribes, IHS Headquarters and the State of Alaska to define and minimize the potentially negative impact of P.L. 93-638, Section 505 on the ability of tribes to collect 100% FMAP.<br>CMS Region X and IHS co-sponsored Medicare Modernization Act awareness training in Anchorage on June 8, 2006. Approximately 50 tribal representatives, two Social Security Administration representatives, and two CMS/Tribal TTAG representatives were in attendance. The awareness training is the first of two training sessions in the Alaska Area to be co-sponsored by IHS and CMS during FY 2005. |
| <b>15.</b> Ensure accountability for IHS business plan implementation during FY04 and FY05.   |   |           |           |          | This indicator was not cascaded to the Alaska Area Director's performance contract in 2005.   |
| <b>16.</b> Establish a seamless infrastructure between HQ and Area Offices by end of FY05 for development, transition, and contractual oversight of tribal administered programs so that IHS meets its responsibilities under the ISDA.   | <b>X</b>  |           |           |          | During the FY 2004 negotiations and FY 2005 pre-negotiations, the Alaska Area and the IHS agency "ratifier" successfully removed from Title V funding agreements descriptions of programs, functions, services and activities that are not authorized to be included under P.L. 93-638, Title V, Section 505. This model was used to negotiate Tribal funding agreements in other IHS Areas. The Alaska Area negotiating team has worked closely and successfully with Headquarters to assure that the IHS Director and the Office of General Council (OGC) are in agreement with proposals and concessions made.   |
| <b>F. ETHICS</b>  |   |           |           |          |   |
| <b>17.</b> Ensures employee awareness, training, compliance, discipline relative to ethics, financial disclosure, conflicts of interest, standards of conduct, political activity and procurement integrity requirements. Reviews and makes determination timely and accurately as to financial disclosure reports, employee requests for approval of outside activities, and other ethics clearance matters. | <b>X</b>  |           |           |          | The HHS 450 form was distributed earlier this year and completed. The Alaska Area Office completed the annual ethics training in January 2005.  |
| <b>B. Management Outcomes:</b>  |   |           |           |          |   |
| <b>A. IMPLEMENT RESULTS - ORIENTED MANAGEMENT</b>   |   |           |           |          |   |
| <b>1.</b> Create results-oriented performance contracts for all IHS employees.  | <b>X</b>  |           |           |          | Relevant sections of the Area Director's performance contract were cascaded to all employees.   |
| <b>2.</b> Establish long-term outcome goals and annual target and report progress in achieving goals and targets in the annual performance budget.  | <b>X</b>  |           |           |          | As part of the budget formulation process, the Alaska Area worked with Tribes to determine our FY 2007 health priorities. A GPRA orientation was sponsored by the Area Office in February 2005, and was also advertised as consultation with tribes on the selection of FY 2007 GPRA indicators. Representatives of the Area Director meet with the Alaska "GPRA Pilot Project" Team on a quarterly basis, and pilot project members provide the quarterly CRS software reports that make up the Alaska Aggregate GPRA Report.  |

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| <p>3. By September 30, 2005, achieve 1/3 of a 10% increase in program performance over the next 3 years in the following programs: increase screening for domestic violence in females ages 15 through 40, from 4.0% in FY04 to 4.4% in FY07; increase pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older, from 68.8% in FY04 to 76% in FY07; and increase the screening rate for alcohol use in women of childbearing age from 7.0% in FY04 to 7.7% in FY07.</p> | X   |           |           |          | <p>The Alaska Area GPRA pilot project facilities increased their screening for domestic violence in females ages 15 through 40 from 6.7% in FY 2004 to 11.5% in FY 2005 - an increase of 72%.</p> <p>The Alaska Area GPRA pilot project facilities increased their pneumococcal vaccination levels among non-institutionalized adult patients age 65 and older from 86.3 in FY 2004 to 87.9% in FY 2005 – an increase of 2%.</p> <p>The Alaska Area GPRA pilot project facilities increased their screening rate for alcohol use in women of childbearing age from 14.2% in FY 2004 to 17.1% in FY 2005 – an increase of 20%.</p> <p><i>Source: Clinical Reporting System (CRS), Version 5.1, run on the local RPMS systems of Tribal pilot project facilities (8/23/05).</i></p> |
| <b>B. IMPLEMENT STRATEGIC HUMAN CAPITAL MANAGEMENT</b>   |   |           |           |          |   |
| 4. Develop and implement succession plan. Meet identified goals, FY05 milestones and action items.   | X   |           |           |          | The Alaska Area develops and implements succession plans to the extent we are able in a 100% tribally-managed environment, through extensive use of developmental positions in the filling of vacant positions. An important component of the plan is close review of each position within the Area, position descriptions and associated duties. We are currently developing a Strategic Plan including an Organizational Assessment that will result in necessary realignment of functions. Key vacancies are being filled with an eye toward enhanced succession planning.   |
| 5. Reduce average hiring time for all positions in IHS by 50% in FY05 working toward the OPM target: 30 days SES; 45 days all other positions.   | X   |           |           |          | The Alaska Area conducted a review of the vacancy folders, which indicate an average of eight days from the date candidate referral issued to the effective date of selection.  |
| 6. Implement streamlined EEO structure by September 30, 2005.  | X   |           |           |          | The Alaska, California and Portland Area Directors are currently collaborating to consolidate the EEO function for the Western Region. The Alaska Area will provide approximately \$35,000 via a memorandum of agreement (MOA) for sharing EEO services. An intra-agency agreement confirming this arrangement will be executed before fiscal year end.   |
| 7. Support development of a single Departmental performance appraisal system for managers and implement by August 2005.  | X   |           |           |          | Elements of new performance appraisal system, e.g. performance contracts, have been developed for Area Office Directors. The content is being integrated into other area staff appraisals as appropriate.   |
| <b>C. IMPROVE GRANTS MANAGEMENT OPERATION AND OVERSIGHT</b>  |   |           |           |          |   |
| 8. Replace the IHS grants legacy system, IGEMS, with GATES, by 09/30/05.   |   |           |           |          | The Alaska Area Office does not participate in the IHS grants legacy system.  |
| 9. Post 3 grant applications on Grants.gov "Apply" and achieve 70 electronic application submissions by 09/30/05.  | X   |           |           |          | An Office of Tribal Programs (OTP) staff member participated in national Grants.gov "train the trainer." Other OTP staff will be briefed, and a plan will be developed for advertisement to tribes. The Alaska Area has been credited with 3 electronic IHS grant applications since January 1, 2005.   |
| 10. Decrease the number of sole source awards by 10%.  |   |           |           |          | Sole sourcing awards are not applicable to the Alaska Area.   |

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| <b>11.</b> Submit corrective actions, in response to findings from Grant Program Review, to OGMP/ASAM within 45 days of issuance of final report.                           |   |           |           |          | This indicator requires the action of IHS Headquarters, and is not applicable to the Alaska Area.   |
| <b>D. COMPLETE THE COMPETITIVE SOURCING PROGRAM</b>   |   |           |           |          |   |
| <b>12.</b> Complete the FAIR Act Inventory and Reason Code A justifications to ASAM/OCS by April 29, 2005.  | <b>X</b>  |           |           |          | The FAIR Act Inventory and Reason Code A justifications were submitted to ASAM in March 2005.   |
| <b>13.</b> Submit timely quarterly status reports to ASAM on FTEs transferred under Indian Self-Determination Act awards.   | <b>X</b>  |           |           |          | No Alaska Area positions have been transferred under ISDA awards in FY 2005, however, two human resources positions were transferred to IHS Headquarters under the reorganization of the Commissioned Corps staff. During FY 2006 compact negotiations, it was agreed that one human resources position will be transferred under ISDA awards.  |
| <b>14.</b> Respond to Tribal Governments' request for "outsourcing" IHS programs under Indian Self-Determination Act awards within required statutory timeframe of 90 days. | <b>X</b>  |           |           |          | No requests for outsourcing programs under ISDA awards were received by the Alaska Area Office during this reporting period. The Alaska Area has assisted the Navajo and Albuquerque Areas in the outsourcing of their programs during FY 2005.   |
| <b>E. IMPROVE INFORMATION TECHNOLOGY MANAGEMENT</b>   |   |           |           |          |   |
| <b>15.</b> Initiate implementation of products, services and policy directives yielded by the Enterprise Initiatives, as described in the HHS IT strategic 5-year plan.     | <b>X</b>  |           |           |          | Alaska Area is currently proceeding with an interagency agreement for a software licensure through the Center for Information Technology (NIH). The Defense Finance Accounting System (DFAS), Quick Hire, eOPF, readiness completed Enterprise Human Resources Personnel System (EHRPS) are updated. The eOPF project requires electronic review to be completed by May 1, 2005. All PSPDs received within report period have been implemented. Alaska Area staff attended preliminary training provided by the DHHS on the new Sunflower system.   |
| <b>16.</b> Improve FISMA security report for FY 05, resulting in zero significant deficiencies and a 25% reduction in reportable conditions.                                | <b>X</b>  |           |           |          | Alaska Area IHS contracts with the Alaska Native Tribal Health Consortium (ANTHC) for computer support services. There are no Alaska Area IHS employees with significant ISSO security responsibilities. We are currently determining and applying appropriate aspects of FISMA. There have been no significant deficiencies or reportable conditions. There are multiple filtration systems in place at the server level and the ANTHC has additional backup systems to secure our local system. Related HIPAA initiatives are the responsibility of tribal health organizations operating IHS PFSA's under P.L. 93-638.   |
| <b>17.</b> Implement automated patch management for 100% of commodity desktop computers and remove "administrator" rights from commodity PC users by September 30, 2005.    | <b>X</b>  |           |           |          | RPMS patch installation and management is performed by the ANTHC. The ANTHC uses HFNETCHKPRO in conjunction with another program called SHAVLIK for patch management. Within the Alaska Area Office, we purchased licenses for Microsoft 2003 for all Area computers by working directly with National Institutes for Health (NIH). By using the DHHS contract, we purchased Microsoft Office with Assurance Software; Microsoft Project with Assurance Software; Operating System with Assurance Software; Client Exchange with Assurance Software; Network Exchange with Assurance Software and the Symantec Anti-Virus Software. Administrator rights are not granted to routine PC users. |

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| <b>18.</b> Implement and test continuity of operations and disaster recovery plans for all "major" systems.  | <b>X</b>  |           |           |          | Area Office staff successfully completed a COOP relocation exercise on June 23, 2005. We were able to relocate computers from the Area Office. Our ability to connect to the ANTHC network using wireless connections was essential to a successful outcome. We identified the need to install VPN connection software on all computers intended for continuity of operations and disaster recovery plans. Doing so will ensure connection to the ANTHC network and to the IHS network. This will give us a capacity to work from any location where an internet connection is available.   |
| <b>19.</b> Implement operations for "major" systems by September 30, 2005.   |   |           |           |          | This objective was cascaded to the OIT Deputy CIO and OIT Division Directors, and does not apply to Area Directors.   |
| <b>F. CONSOLIDATE MANAGEMENT FUNCTIONS AND ACHIEVE ADMINISTRATIVE EFFICIENCIES</b>   |   |           |           |          |   |
| <b>20.</b> Increase by a minimum of three, IHS initiation/participation in the consolidation of administrative services and functions. (Area Offices: #15 email, #23 UFMS, #35 procurement, #36 commodity desk top procurement etravel). | <b>X</b>  |           |           |          | <p>Alaska Area is participating in the initiation and implementation of human resources organizational consolidation (e.g., centralization of Commissioned Corps support and regionalization of civil service HS support).</p> <p>The Alaska, California and Portland Area Directors are working on EEO consolidation. An interagency agreement for sharing EEO services will be executed by fiscal year's end.</p> <p>The Alaska Area has negotiated a performance based contract with an IT firm by the name of GeoNorth. This contract will provide for expanding, upgrading and maintaining the existing web-based sanitation deficiency system. It will be expanded to include other IHS Area's and will be expanded to other systems such as housing.</p> <p>The acquisition offices of the Alaska, California and Portland Areas have formed a regional acquisition board which has agreed to collaborate in following areas:</p> <ul style="list-style-type: none"> <li>• Review of contracts over \$500,000.00</li> <li>• Close-out of contracts in the Departmental Contract Information System</li> <li>• Reduce Title 1 audits</li> <li>• Senior contracting officer back-up</li> <li>• Pharmacy program back-up</li> </ul> |
| <b>21.</b> Build on infrastructure provided enterprise information systems such as UFMS.   | <b>X</b>  |           |           |          | Alaska Area has implemented the Electronic Official Personnel Folder (eOPF) and the Electronic Pay (ePAY) (DFAS). We are in the process of implementing Quickhire, Quickclass and Enterprise Workflow Information Tracking Systems (eWITS). eWITS will replace the 52 IHS central tracking systems in October 2005. The network maintained by ANTHC has the appropriate hardware to support HHSNet, email and other initiatives. Alaska Area staff attended preliminary training provided by the DHHS on the new Sunflower System, and a follow-up on the CRP2 for CDD/PSC UFMS implementation. The Alaska Area has been represented at various Oracle introductory and general ledger courses during this year and is involved in data cleanup prior to the conversion from CORE to UFMS.  |
| <b>22.</b> Fulfill HSPD requirements in implementing smart card security system.   |   |           |           |          | The Alaska Area awaits more information on this initiative from IHS Headquarters.   |

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| <b>G. IMPROVE FINANCIAL MANAGEMENT</b>   |   |           |           |          |   |
| <b>23.</b> Continue preparation for UFMS implementation in IHS in FY07.  | <b>X</b>  |           |           |          | The Alaska Area has been designated by the San Francisco Office of the Department of Treasury as the first IHS facility within the region to implement the Secure Payment System (SPS). We are scheduled to go online on September 12 and have the required equipment. The implementation of this payment system will provide ample time to problem-solve and allow IHS to adopt new feeder requirements that will simplify UFMS integration. In preparation for UFMS implementation, Alaska finance staff are working to reconcile old accounts and clear un-liquidated obligations to ensure a successful data transferred to UFMS. Area Finance is involved in the UFMS training from the basic courses, including general ledger, to participating in several CRPs, providing us with the advantage of learning how other agencies manage the conversion. |
| <b>24.</b> Address HHS improper payments by updating program risk assessments for three applicable IHS programs and develop a plan for estimating payment errors for those determined to be high risk. (Area Offices three programs H&C, CSC, CHS).  | <b>X</b>  |           |           |          | The Alaska Area has established an ongoing review of Area payments to assure that there is a system of checks and balances throughout the process. This systemic review of all payment data prior to the point of certification has become a permanent part of our payment process. Also, we routinely provide tribal customers with a status of funds, prompting additional reviews of transactional data. The HHS risk assessments report was developed at the agency level and has been submitted.   |
| <b>25.</b> Reduce by 30% the number of audit cases over 1 year needing a management decision.  | <b>X</b>  |           |           |          | At the beginning of FY 2005, 44% of Alaska Area audit cases (73/165) were in need of a management decision. Since then, we have resolved an additional 61 audits and received 35 new audits. We now have an audit resolution rate of 67% (134/200), and the number of audit cases over 1 year old needing resolution has been reduced by 37%.   |
| <b>26.</b> Take final action on audit management decisions, reduce the amount of disallowed cost owed by approximately 40%.  |   | <b>X</b>  |           |          | The Alaska Area resolved 61 audit cases during FY 2005, not all of them financial in nature. We are working to quantify the amount of disallowed costs.   |
| <b>27.</b> Support HHS consolidation of business (administrative management) systems.  | <b>X</b>  |           |           |          | An amendment to a memorandum of agreement (MOA) between the Veterans Health Administration (VHA) VISN 20, Portland Area IHS, and Alaska Area IHS was executed on May 31, 2005. This MOA amendment serves to add one tribal leader from the Portland Area IHS and Alaska Area IHS respectively, to the VHA/IHS VISN 20 Board. The purpose of this board is to facilitate collaborative efforts to better serve American Indian and Alaska Native veterans in VISN 20 (Washington, Oregon, Idaho and Alaska).   |
| <b>H. IMPROVE REAL PROPERTY ASSET MANAGEMENT</b>   |   |           |           |          |   |
| <b>28.</b> For FY05 building and facilities program, deliver all line-item projects within 100% of submitted OMB/Congressional budget. Deliver 90% of all line item projects within submitted OMB/Congressional scope. Remaining projects will be within plus or minus 10% of OMB Congressional scope. | <b>X</b>  |           |           |          | The site acquisition process is underway for the new Barrow Hospital and the A/E selection is underway. Construction of the new health centers and staff quarters at St. Paul and Metlakatla is underway at this time. Both construction projects are under contract and are within the federal funds available.  |
| <b>29.</b> Facility Project Approval Agreements will be approved by September 30, 2005, by OS, for 80% of FY 06 projects budgeted for planning/design with construction budgeted in subsequent year(s) and 90% of FY 06 projects budgeted construction.  | <b>X</b>  |           |           |          | The Facility Project Approval Agreement (FPAA) has been signed for Barrow Hospital, which is in the planning/design phase. Construction of St Paul and Metlakatla health facilities began before the FPAA process was instituted.   |
| <b>30.</b> Report facility utilization for at least 60% of IHS facilities using metrics consistent with Federal Real Property Council customized for HHS.  | <b>X</b>  |           |           |          | Facility utilization will be reported when the metrics to define this performance objective have been provided by the Federal Real Property Council.  |

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|---|---|-----------|-----------|----------|---|
|   | <i>E-Exceptional</i><br><i>FS-Fully Satisfactory</i><br><i>MS-Minimally Successful</i><br><i>U-Unsatisfactory</i> |           |           |          |   |
| <b>EXECUTIVE'S NAME:</b><br>Christopher Mandregan, Jr.  | <b>E</b>  | <b>FS</b> | <b>MS</b> | <b>U</b> | <b>POSITION TITLE:</b><br>Director, Alaska Area Indian Health Service   |
| <b>31.</b> Ensure facility condition assessment is current on 85% of facilities.  | <b>X</b>  |           |           |          | Facility condition assessments have been completed on more than 85% of the federally owned IHS facilities in Alaska within the last 5 years.  |
| <b>32.</b> Assess 90% of IHS facilities for mission criticality/dependency, Identify excess facilities and develop a disposal strategy.   | <b>X</b>  |           |           |          | Mission criticality/dependency will be assessed for at least 90% of IHS facilities when the metrics to define this performance objective have been provided by the Federal Real Property Council.   |
| <b>33.</b> Identify historic real property by July 30, 2005 for HHS Historic Preservation Report.   | <b>X</b>  |           |           |          | A consultant has been hired to prepare a report that identifies IHS historic real property. This report was completed 6/28/05.  |
| <b>34.</b> Inventory at least 95% of IHS properties; keep Real Property inventory up to date and available to meet FRPC and HHS needs.  | <b>X</b>  |           |           |          | All of the IHS properties in Alaska have been inventoried. A physical inventory of 95% of the real property is underway and will be completed by September 30, 2005   |
| <b>I. ACHIEVE EFFICIENCIES THROUGH HHS-WIDE PROCUREMENTS</b>  |   |           |           |          |   |
| <b>35.</b> Increase IHS use of the PSC consolidated procurements by at least 40%. (Area Offices - for supplies, services, and equipment requirements that are available through PSC consolidated procurements, increase IHS use by at least 40%). | <b>X</b>  |           |           |          | The Alaska Area has a performance-based contract with an IT firm by the name of GeoNorth. This contract will provide for expanding, upgrading and maintaining the existing web-based sanitation deficiency system. It will be expanded to include other IHS Area's and other systems, such as housing. It has also been expanded to include a web-based housing priority system. Additional tasks include the development of a Rural Housing Sanitation Inventory System and an individual housing tracking system. |
| <b>36.</b> Use PSC consolidated purchasing mechanism to purchase 100% of commodity desktop PC's beginning no later than July 1, 2005.   | <b>X</b>  |           |           |          | Since the award of the desktop strategic sourcing contract, the Alaska Area has not had any requirement for desktop PC's.   |
| <b>37.</b> Meet the HHS Small Business Contracting Goal established for IHS.  | <b>X</b>  |           |           |          | All acquisitions in the Alaska Area IHS are set aside for small business contracting.   |
| <b>J. CONDUCT PROGRAM EVALUATIONS AND IMPLEMENT CORRECTIVE ACTIONS FOR ANY DEFICIENCIES IDENTIFIED</b>  |   |           |           |          |   |
| <b>38.</b> Implement systematic approach to program self-assessment, in support of the HHS program evaluation initiative.   | <b>X</b>  |           |           |          | The Alaska Area has downsized from over 300 FTE's in the early 1990's to our current size of 37. Twenty two positions are federal residual and the remaining are transitional federal positions. The setting that the Alaska Area operates in continues to change. The Alaska Area is currently assessing its organizational structure, and refining its strategic plan. All self-assessments for FY 2005 were completed by the assigned completion dates.  |
| <b>39.</b> Systematically track and implement PART recommendations through the performance budget process.  | <b>X</b>  |           |           |          | The Alaska Area sponsored GPRA orientation and CRS software training for 24 tribal individuals in February 2005. The Area Director hosted the OMB PART examiner (assigned to IHS accounts) and accompanied her to various tribal sites within the Alaska Area during April 2005. Although the work performed by the Area has only an indirect impact on linking budget and performance, we process P.L. 93-638 funding agreement amendments and payments, including funding for the GPRA pilot project in Alaska.   |
| <b>40.</b> Make one or more important organizational improvements to address gaps identified in FY03 balanced scorecard surveys of IHS procurement offices and report progress.   | <b>X</b>  |           |           |          | Based on an organizational assessment of two IHS Areas, it has been determined that improved communication between Headquarters and the Area Offices should be our focus. The Alaska Area is striving to improve communications between the IHS Headquarters Procurement Office, the Area Office and the Alaska Tribes.   |

